

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Graham

Signature of Treasurer

Meredith Graham

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">56707.96</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">55829.11</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>	<span style="border: 1px solid black; padding: 2px;">4655.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">57079.11</span>	<span style="border: 1px solid black; padding: 2px;">61362.96</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1560.01</span>	<span style="border: 1px solid black; padding: 2px;">5843.86</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">55519.10</span>	<span style="border: 1px solid black; padding: 2px;">55519.10</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 04 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 04 / 30 / 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1250.00

4655.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1250.00

4655.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

1250.00

4655.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1250.00

4655.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

1250.00

4655.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	60.01	343.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	60.01	343.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	5500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1560.01	5843.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1560.01	5843.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1250.00	4655.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1250.00	4655.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	60.01	343.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	60.01	343.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Amy Alspaugh**

Mailing Address 920 Woodmont Blvd  
#S23

City State Zip Code  
Nashville TN 37204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

SNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Vicki Beck**

Mailing Address 8009 Freeport Rd

City State Zip Code  
Rockton IL 61072-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crusader Community Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5516

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Vicki Beck**

Mailing Address 8009 Freeport Rd

City State Zip Code  
Rockton IL 61072-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crusader Community Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5517

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5509

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5516

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5517

|

Form/Schedule:  
Transaction ID:



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Christina C Chaney**

Mailing Address 1801 Gibson Blvd SE Apt 1076

City State Zip Code  
 Albuquerque NM 87106-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

Transaction ID : SA11AI.5505

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Kanya Chonbur**

Mailing Address Hang Dong Apt B01-64

City State Zip Code  
 Chiang Mai ZZ 50231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2012

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Katherine L Dawley**

Mailing Address 235 Pelham Road

City State Zip Code  
 Philadelphia PA 19119-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

Transaction ID : SA11AI.5507

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5505

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5532

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5507

|

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine L Dawley**

Mailing Address 235 Pelham Road

City

Philadelphia

State

PA

Zip Code

19119-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

CNM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5520

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Irene G De La Torre**

Mailing Address 4429 Ave Isla Verde Apt 503

City

Carolina

State

PR

Zip Code

00979-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CoopMujer

Occupation

CNM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5525

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Hannah Epstein**

Mailing Address 1379 9th Ave

City

San Francisco

State

CA

Zip Code

94122-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSF

Occupation

SNM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.00

**TOTAL** This Period (last page this line number only)..... ►

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5520

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5525

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5508

|

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 15 OF 39  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Judy P Fielder**

Mailing Address 980 Johnson Ferry Rd NE Ste 620

City State Zip Code  
 Atlanta GA 30342-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northside Women's Specialists

Occupation  
 CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Michelle Grandy**

Mailing Address 4026 224th St SE  
 #7

City State Zip Code  
 Bothell WA 98021-8076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UW Medicine/Northwest Hospital

Occupation  
 CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City State Zip Code  
 Genoa City WI 53128-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Aurora Health Care

Occupation  
 CNM, Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

Transaction ID : SA11AI.5513

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5523

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5514

|



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5513

|

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Jerrilyn Hobdy**

Mailing Address 130 Spruce St.  
Apt. 16B

City Philadelphia State PA Zip Code 19106-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Phila Health Action

Occupation  
CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.5515

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Kathleen A Jones McWilliams**

Mailing Address 193 Hobart Rd

City Newton State MA Zip Code 02459-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steward St Elizabeth's Medical Center

Occupation  
CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.5527

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mary Lou Kopas**

Mailing Address 1-531 11th Ave. NE

City Seattle State WA Zip Code 98125-7505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UW Medicine NorthWest Hospital

Occupation  
CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.5519

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5515

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5527

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5519

|

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Carolyn Labadorf**

Mailing Address 829 Somers Rd

City

E Longmeadow

State

MA

Zip Code

01028-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2012

**Transaction ID : SA11AI.5533**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Janet Lewis**

Mailing Address 516 S 44th Street

City

Philadelphia

State

PA

Zip Code

19104-3908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

**Transaction ID : SA11AI.5528**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Cynthia Liu**Mailing Address 4721 N 1st Street  
Spc 83

City

San Jose

State

CA

Zip Code

95134-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

**Transaction ID : SA11AI.5522**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5533

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5528

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5522  
|

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Darcy Lucey**

Mailing Address PO Box 875234

City

Wasilla

State

AK

Zip Code

99687-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mat-Su Midwifery

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11AI.5518**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Emily Mather**

Mailing Address 24 Edward T Sullivan Rd Apt 2

City

Cambridge

State

MA

Zip Code

02138-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012

**Transaction ID : SA11AI.5530**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Michael M McCann**

Mailing Address 1551 Debra Drive

City

Smyrna

State

GA

Zip Code

30080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM, Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11AI.5512**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5518

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5530

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5512

|

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Minna S Navvab**

Mailing Address 4878 S Ridgeside Cir

City

Ann Arbor

State

MI

Zip Code

48105-9403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **B. Elisa L Patterson**

Mailing Address 1535 Taft Ct

City

Louisville

State

CO

Zip Code

80027-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5511

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. Melanie Phipps-Morgan**

Mailing Address 7455 Miramar Ave

City

La Jolla

State

CA

Zip Code

92037-5250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

**TOTAL** This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5504

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5511

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5503

|

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Sylvia P Ross**

Mailing Address 312 West Main Rd.

City

Little Compton

State

RI

Zip Code

02837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island College

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

04 / 01 / 2012

Transaction ID : SA11AI.5529

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Pamela Leboyer Simpson**

Mailing Address 2234 Hilton Head Gln

City

Escondido

State

CA

Zip Code

92026-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.5502

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. BJ Snell**

Mailing Address 24902 Moulton Parkway Ste 120

City

Laguna Hills

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5529

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5502

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5524

|

Form/Schedule:  
Transaction ID:



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Arianna Stein**

Mailing Address 62 Pitcher Ave

City

Medford

State

MA

Zip Code

02155-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2012

**Transaction ID : SA11AI.5531**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Marisol Vega**

Mailing Address HC1 #3918 Bo.Altosano

City

Las Marias

State

PR

Zip Code

00670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Of Puerto Rico

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2012

**Transaction ID : SA11AI.5526**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Monica Viera**

Mailing Address 29580 Chandler Road

City

Highland

State

CA

Zip Code

92346-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2012

**Transaction ID : SA11AI.5521**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5531

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5526

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5521

|

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Rebecca Willis**

Mailing Address 80 Haven Ave Apt 4E  
Apt 4E

City State Zip Code  
New York NY 10032-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia University School of Nursing

Occupation  
Student Nurse Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11AI.5506**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Jannette M Wise**

Mailing Address 257 16th St Apt 3L

City State Zip Code  
Brooklyn NY 11215-5494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia University

Occupation  
SNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11AI.5510**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

1250.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.5506

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.5510

|

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

### A. Bank of America

Three date pickers are shown, each with a label above it: 'M M', 'D D', and 'Y Y Y Y'. The first picker shows '04', the second shows '02', and the third shows '2012'.

Category/  
Type

Age	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85-94	45
95-104	50

State:  District:

### B. Paypal INC

MM / DD / YYYY

Category/  
Type

59.95

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name \_\_\_\_\_

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

60.01

**TOTAL** This Period (last page this line number only).....

60.01

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

**A. ROBERT J GARAGIOLA**

GARAGIOLA FOR CONGRESS

Category/  
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

**B. ALLYSON Y. SCHWARTZ**

SCHWARTZ, ALLYSON Y.

Category/  
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

**C.**

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1500.00

1500.00